ANNUAL MEDICAL AND INSURANCE UPDATE

Patient's Name: ____ DOB: _____ / _____ / _____
First *M.I.* *Last*

Have there been any changes in your child's medical history? Yes☐ No☐ If yes, please explain: ______________________

____

Any allergies to any medications? Yes☐ No☐ If yes, please list: ______________________

Is your child currently under the care of a physician? Yes☐ No☐ If yes, please explain: ______________________

____

Is your child receiving any medication? Yes☐ No☐ If yes, please list: ______________________

Is your child subject to: Bleeding disorders? Yes☐ No☐ Seizures? Yes☐ No☐ Asthma? Yes☐ No☐

Please describe any current medical treatment including pending surgery, recent injuries or any other information that we should be made aware of:

____

CONTACT INFORMATION

How would you like to be contacted to confirm appointments?

Housecalls Only ☐ Email Confirmations Only ☐ Housecalls AND Email Confirmations ☐

Best/Primary Contact # (_____) _____-__________

Parent's/Guardian's Email Address: ______________________

- -

Current Address: ____

City: ______________________ State: ___________ Zip: ____________ Home # (_____) ______ -__________

Mother's work #(_____) _____-_________ cell #(_____) _____-_________ Father's work #(_____) _____-_________ cell #(_____) _____-_________

Guardian's work #(_____) _____-_________ cell #(_____) _____-_________

INSURANCE INFORMATION

PRIMARY DENTAL INSURANCE

Dental Insurance Company Name: ______________________ Group # ______________

Insurance Subscriber's/Policy holder's Name: ______________________ DOB: _____/ _____/ _____ SSN: _____-_____-__________

Subscriber/Policy Holder # ______________________ Employer: ______________________

SECONDARY DENTAL INSURANCE (IF APPLICABLE)

Dental Insurance Company Name: ______________________ Group # ______________

Insurance Subscriber's/Policy holder's Name: ______________________ DOB: _____/ _____/ _____ SSN: _____-_____-__________

Subscriber/Policy Holder # ______________________ Employer: ______________________

►**SIGNATURE OF PARENT/GUARDIAN** ______________________ **DATE**: _____/_____/_____
MM DD YY